



**BARBARA K. CEGAVSKE**  
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# Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20170318779-05</b> Filing Date and Time <b>07/26/2017 2:30 PM</b> Entity Number <b>E0352872017-1</b>
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**1. Name of Limited-Liability Company:**  
 (must contain approved limited-liability company wording; see instructions)

RECOIN GROUP FOUNDATION LLC

Check box if a Series Limited-Liability Company	Check box if a Restricted Limited-Liability Company
<input type="checkbox"/>	<input type="checkbox"/>

**2. Registered Agent for Service of Process:** (check only one box)

<input checked="" type="checkbox"/> Commercial Registered Agent: <b>GG INTERNATIONAL</b> Name	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)
Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity	
Street Address	City Nevada Zip Code
Mailing Address (if different from street address)	City Nevada Zip Code

**3. Dissolution Date:** (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

**4. Management:** (required)

Company shall be managed by: ☒ Manager(s) **OR** ☐ Member(s)  
 (check only one box)

**5. Name and Address of each Manager or Managing Member:** (attach additional page if more than 3)

1) <b>MAKSIM ZASLAVSKIY</b> Name	<b>7260 W. AZURE DR STE 140-212</b> Street Address	<b>LAS VEGAS</b> City	<b>NV</b> State	<b>89130</b> Zip Code
2) Name	 Street Address	 City	 State	 Zip Code
3) Name	 Street Address	 City	 State	 Zip Code

**6. Name, Address and Signature of Organizer:** (attach additional page if more than 1 organizer)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.				
<b>GG INTERNATIONAL</b> Name	<input checked="" type="checkbox"/> <b>GG INTERNATIONAL</b> Organizer Signature			
<b>7260 W. AZURE DR STE 140-212</b> Address	<b>LAS VEGAS</b> City	<b>NV</b> State	<b>89130</b> Zip Code	

**7. Certificate of Acceptance of Appointment of Registered Agent:**

I hereby accept appointment as Registered Agent for the above named Entity.	
<input checked="" type="checkbox"/> <b>GG INTERNATIONAL</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity	<b>7/26/2017</b> Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles  
 Revised: 10-1-15